U'S Department of Labor Office of Labor Management Standards Washington DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P t. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

L CMS UP			
1 File Number U 8752	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Thomas P Gallo	Name Steamfitters Local Union No 420		
	Labor Organization File Number 001–114		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 14420 Townsend Road, Suite A	Street 14420 Towns and Road Suite A		
Crty Philadelphia	City Philadelphia		
State Pennsylvania ZIP Code + 4 19154	State Pennsylvania ZIP Code + 4 19154		
5 Position in labor organization Business Manager			
Enter appropriate data below if during the past fiscal year you or you's spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of			
monetary value from an employer whose employees your organization	7 a Nature of Interest Transaction or Income		
6 Name and address of Employer (including trade name if any)	7 a Nature of fine less Transaction of income		
Name [			
Trade Name If any			
PO Box Bidg Room No if any	7 b Amount		
Street	7 b Arnount		
City 1 cret 1 11 to 12	~ 1 0 1 1 C		
1 State	Lanc		
ext + 3 + 4 f i the <b>Signature</b> sacionner in (*u is)			
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)			
De Hill			
Signed Nomas Fills	On \$ 1005 267-350-4200		

Name of Person Filing Thomas Gallo	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name Steamfitters LU: No 420 Pension Plan  Trade Name if any  PO Box Bldg Room No if any	9 Business deals with  a Labor Organization b Trust c Employer			
Street 14420 Townsend Road, Suite B  Cny Philadelphia  State Pennsylvania ZIP Code + 4 19154	C Employer			
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name If any	11 a Nature of such dealing  See attached			
PO Box Bldg Room No if any	The same was been and the same with the same of the sa			
City State ZIP Code + 4	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  Reimbursement of expenses, including airfare, hotel, ineals, and related travel expenses, related to attendance at educational conference/seminar			
	12 b Amount \$3.601			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment    Dinner meeting meals on 3/31/04 8/5/04 6 9/1/04			
Name Fifth Third Asset Management Inc				
PO Box Bidg Room No If any Gulf Tower, MD AGTB 20				
Street 707 Grant Street, Suite 2000				

14 b Amount of payment

State Pennsylvania

13 b Is the Business an Employer

ZIP Code + 4 15219

or Consultant

Name of Person Filing Thomas Gallo	File Number U
------------------------------------	---------------

## Part 8 Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with
Name Steamfitters LU No 420 Supp Retirement Plan	⟨❤️ a Labor Organization
Trade Name if any	
PO Box Bldg Room No If any	b Trust
Street 14420 Townsend Road, Suite B	c Employer
City Philadelphia	
State Pennsylvania ZIP Code + 4 19154-	
10 If 9 b or 9 c is checked give trust or employers name	11 a Nature of such dealing
Name	See attached
Trade Name If any	
PO Box Bidg Room No if any	
the control of the co	
Street	
City	
State ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	Reimbursement of expenses, including airfare, hotel, meals, and related travel expenses, related
	to attendance at educational conference/seminar
	A STATE OF THE STA
_	The state of the s
	12 h Amount S218

Name of	Person	Filina	Thomas	Callo

File Number U

## **Part B Continuation Page**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with
Name Steamfitters LU No 420 Health & Welfare Plan	
Trade Name if any	(ZS)
PO Box Bldg Room No if any	b Trust
Street 14420 Townsend Road, Suite B	c Employer
City Philadelphia	
State Pennsylvania ZIP Code + 4 19154	
10 If 9 b or 9 c is checked give trust or employers name	11 a Nature of such dealing
Name (	See attached
Trade Name If any	The state of the s
PO Box Bidg Room No if any	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Street	
City Careful Commence of the C	The state of the s
State	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	Reimbursement of expenses, uncluding airfare,
	[ hotel, meals, and related travel expenses, related
	to attendance at educational conference/seminar
	, , ,
_	
	12 b Amount \$173

 $C_{3}$ 

Name of Person Filing Thomas Gallo	File Number U	

## **Part B Continuation Page**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Steamfitters LU No 420 Appren Training Fund	a Labor Organization	
Trade Name If any	b Trust	
PO Box Bidg Room No If any		
Street 14420 Townsend Road, Suite B	c Employer	
Cnty Philadelphia		Ì
State Pennsylvania ZIP Code + 4 19154		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	See attached	
Trade Name If any		
PO Box Bldg Room No If any		
Street		ŀ
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Reimbursement of expenses related educational conference/seminar	to attendence at
	12 b Amount	\$750

1

Name of Person Filing Thomas Gallo

File Number U

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

	9 Business deals with	<del></del> -
8 Name and address of Business (including trade name if any)	2 Dusiness dodis Milli	
Name Jennings Sigmond	Arminostra (	
Trade Name If any	a Labor Organization  b Trust	
PO Box Bidg Room No If any Independence Square	Lad P Hust	
Street The Penn Mutual Towers - 16th Floor	c Employer	
City Philadelphia		
State Pennsylvania		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	and with the state with the state of the sta
Name	Provides legal services	27.7
Trade Name if any		
PO Box Bldg Room No if any		
Street Street	, , ,	
City City	Commence of the commence of th	* * * * * * * * * * * * * * * * * * *
State ZIP Code + 4	11 b Approximate dollar value of such dealing	\$83,827
	12 a Nature of interest held or income received	hillestellu tetralandet un vergen perengan para a de la
	Received gift of holiday fruit basket enjoyed by the office staff/personnel	which was
	Steamfitters Local Union No 420	2
	); 	13 %
	The state of the s	
		7, 4, 5. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
	The second distribution of the second distributi	The state of the s
	12 b Amount	\$100

Name of Person Filing Thomas Gallo		File Number U	
Part B Continuation Page			
B Held an interest in or derived income or economic benefit with monetary value or leasing to or otherwise dealing with the business of an employer whose employ (2) any part of which consists of buying from or selling or leasing directly or indirect your labor organization is interested	rees your labor organization re	epresents or is actively se	eking to represent or
8 Name and address of Business (including trade name if any)  Name Ark Asset Management  Trade Name if any  PO Box Bldg Room No if any  Street 125 Broad Street  City New York  State New York  Tip Code + 4 100045  10 if 9 b or 9 c is checked give trust or employer's name  Name Steamfitters LU No 420 Pension Plan  Trade Name if any  PO Box Bldg Room No if any  Street 14420 Townsend Road Suite B  City Philadelphia	9 Business deals with  a Labor Organiz  b Trust  c Employer  11 a Nature of such deal  Provided investment of the plan	ing.	vices for assets
State Pennsylvania ZIP Code + 4 19154	11 b Approximate dollar va	lue of such dealing	\$52 170

12 a Nature of interest held or income received

Dinner meeting on 12/1/04

12 b Amount

\$131

# LM-30 Attachment

Name Thomas P Gallo LM-30 File Number To be assigned Ending date of report period 12/31/04

LM-30 Items Number

8, Per direction provided by U S DOL OLMS, Part B includes reporting of transaction(s) 9, including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my and, possession